

Community-Based Participatory Research: Community Networks Program

Moving Towards Building a CBPR Module

Presentation for caBIG Webinar

March 18, 2009



Center to Reduce Cancer Health Disparities
(CRCHD)

Goals

- Introduce Community-Based Participatory Research
- Introduce the Center to Reduce Cancer Health Disparities (CRCHD)
- Highlight one of CRCHD's programs, the Community Networks Programs
- Overview of the data tools used for evaluating the current CNP
- Explore opportunities and suggestions from caBIG for a CBPR module
- Explore opportunities for other CRCHD programs

NIH Types/Categories of Research

Basic

Clinical

Outreach

Translational

CBPR

- ▣ **Community-Based Participatory Research (CBPR)**
 - A scientific approach that mandates a partnership between traditionally trained scientists AND members of a community, with all parties interested in addressing a common research problem.

Community members are full research partners participating in the...

- planning
- development
- implementation
- evaluation
- dissemination



WHY A MODULE FOR CBPR?

- ▣ Use and promote standardized measures
- ▣ Facilitate collaborations
- ▣ Connect data systems
- ▣ Promote data sharing
- ▣ Share and promote CBPR training and educational modules
- ▣ Facilitate dissemination of research findings
- ▣ Conduct research more efficiently

Mission

CRCHD AIMS
to:

- Increase Cancer Health Disparities (CHD) research programs;
- Increase number of competitive investigators from diverse populations in cancer research and create a cadre of CHD researchers from all populations; and
- Promote the integration of CHD research and training.

CRCHD Organization



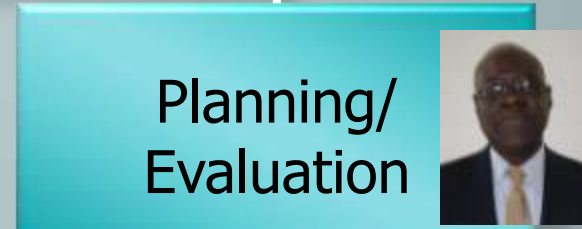
DIRECTOR
Deputy Director



**Communication/
Dissemination**



**ADMIN
BUDGET**



**Planning/
Evaluation**



**Disparities Research
Branch**



**Research Capacity,
Infrastructure,
Training Branch**



Research Capacity, Infrastructure, Training Branch



Branch Chief, *Bakos*
Program Analyst, *Gaskins*
DEAS- Shariff



Career Development
NRSA



*Aguila
Bailey
Ojeifo*



Diversity Supplements
SCORE



*Ogunbiyi
Wali*



GMAP/BMAP
MI/CCP
ET -CURE



*Aguila
Moten
Wali*



Disparities Research Branch



Branch Chief, *Chu*
Program Analyst, *Mitchell*



Community-Based Participatory Programs



***Cooper
Canto***



Clinical Programs



***Hare
Howerton***



Basic /Translational and Other CHD Programs



***Das
Zhao***



Community Networks Program (CNP)

- Increase **access to and use of beneficial interventions** for prevention and early detection of cancer
- Identify and develop a cadre of well trained cancer researchers
- Enhance knowledge transfer/dissemination to communities served and researchers



CNP Conceptual Framework

PROGRAM BUILDING BLOCKS

FOCUS OF ACTIVITIES

SHORT-TERM (PROCESS) (1-2 years)

INTERMEDIATE (IMPACT) (3-5 years)

LONG-TERM (5-7 years)

ULTIMATE (8+ years)

Establish and maintain infrastructure to address cancer disparities

Create and/or enhance local partnerships with community-based organizations to assess community resources and their value to program

Create and/or enhance partnerships with organizations that can help reduce disparities in the community (e.g., private and government groups, policy makers)

Develop NCI collaborations (including with CIS) to expand local capacity

Develop, through a community-based participatory process, an understanding of relevant resources, assets, and needs to address cancer disparities by creating a synergy of efforts and leveraging local resources

Develop and conduct community-based:
• Education program
• Activities

Develop and conduct community based:
• Provider training
• Recruitment and training of minority students
• Relevant research (i.e. pilot projects)

Develop and conduct strategies to educate policy makers

Predisposing Factors
• Improve patient and public knowledge, beliefs, attitudes, value and perceptions about cancer related issues across the continuum of care

Reinforcing Factors
• Increase health professional knowledge and sensitivity related to cultural compassion
• Increase understanding of issues impacting cancer control among disparate populations
• Mobilize community to support efforts of CNP (i.e., address and improve community norms)

Reinforcing Factors
• Increase understanding among policy makers of issues impacting cancer control among disparate population

Individual Change
• Increase positive health behaviors (e.g., smoking cessation, improve nutrition, etc.) among disparate populations
• Increase utilization of screening diagnosis, treatment, and clinical trials services

Community Change (Enabling Factors)
• Improve local referral patterns, including to clinical trials
• Improve provider interactions with disparate groups
• Increase number of health professional representing disparate populations
• Increase access to preventive, screening, diagnostic and treatment services
• Leverage funding from other sources to enhance services
• Translation of research to practice

Policy Change (Enabling Factors)
• Implement effective policies to: increase access to such things as insurance, state cancer programs, Medicaid/Medicare coverage, adequate clinical care, etc.

Reduce disparities through:
• Improve cancer Achieving a shift in from later to earlier diagnosis
• survivorship
• Narrowing the gap between the discovery, development, and delivery of care for disparate populations and for other groups
• Achieving sustainability of efforts for disparate groups

Decrease morbidity from cancer among disparate populations to equal rates among other groups

NCI provides program management and technical assistance to promote program improvements

Evaluation findings used to enhance program efforts

CNP Principal Investigators



Asian



African American



Underserved



Hispanic/Latino



**Native Hawaiian/
Pacific
Islander**



**American Indian
& African
American**



**American Indian & Alaska
Native**

CNP Measures of Success

- Increase knowledge and access to cancer interventions



- Develop a cadre of well trained new investigators
- Knowledge/Transfer /Dissemination
 - Publications, presentations, and educational resources (~500)
 - Leveraging /obtaining new funding (\$250 million in 3 years)

Develop and conduct community based:

- Provider training
- Recruitment and training of minority students
- Relevant research (i.e. pilot projects)

CNP Training

CNP has trained over 330 new investigators.

Students Trained

- 100 Asians
- 50 African Americans
- 52 Hispanics/ Latinos
- 28 Native Hawaiians or Other Pacific Islanders
- 20 American Indians or Alaskan Natives

Academic Background

- 121 Doctoral
- 53 Professional Degree
- 59 Masters
- Faculty Positions
- 60 Assistant Professors
- 13 Associate Professors



Ana Maria Lopez, MD, MPH

University of Arizona

Methodology

Web-based data
collection from CNP



Site Visits



Secondary
Data Collection



CNP Database

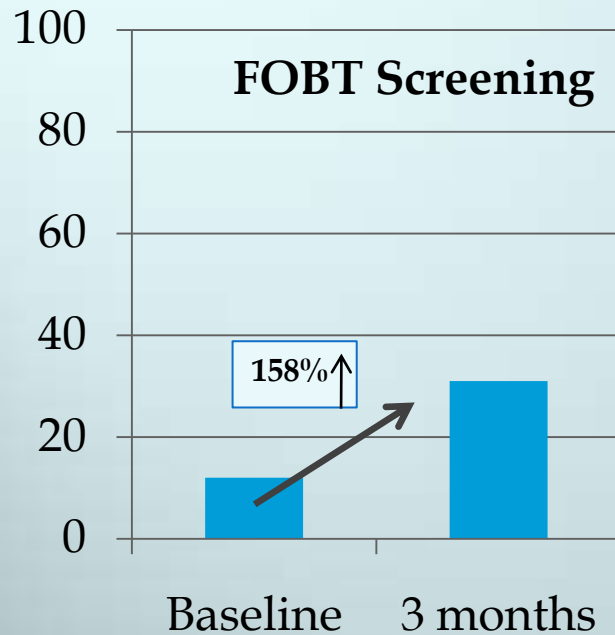


Outputs



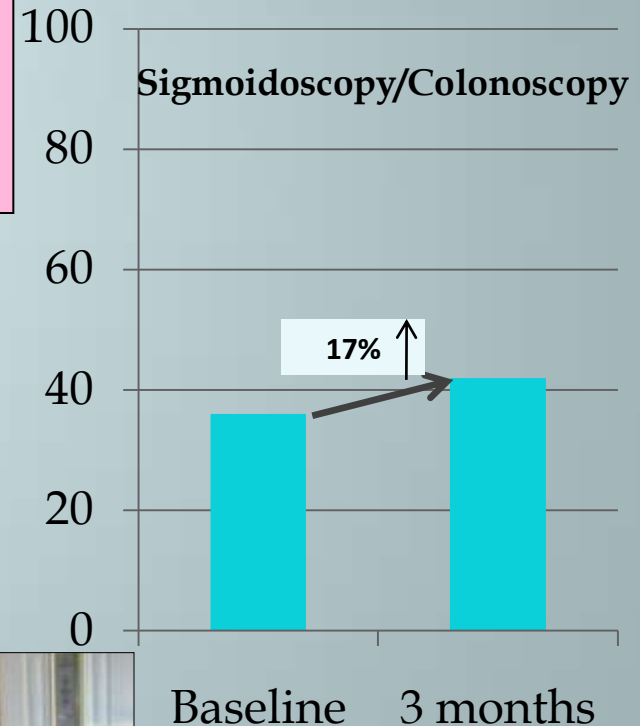
CNP Outcomes

Increasing Colorectal Screening Among Rural Hispanic Women Through Home Health Parties



Individual Change

- Increase positive health behaviors (e.g., smoking cessation, improve nutrition, etc.) among disparate populations
- Increase utilization of screening diagnosis, treatment, and clinical trials services

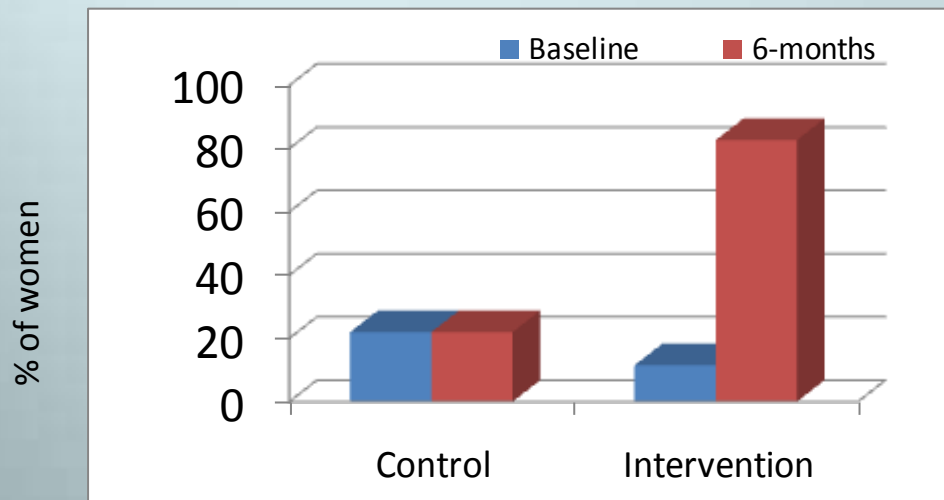


CNP Outcomes

Reaching underserved Korean women with cervical cancer education and in-language navigation

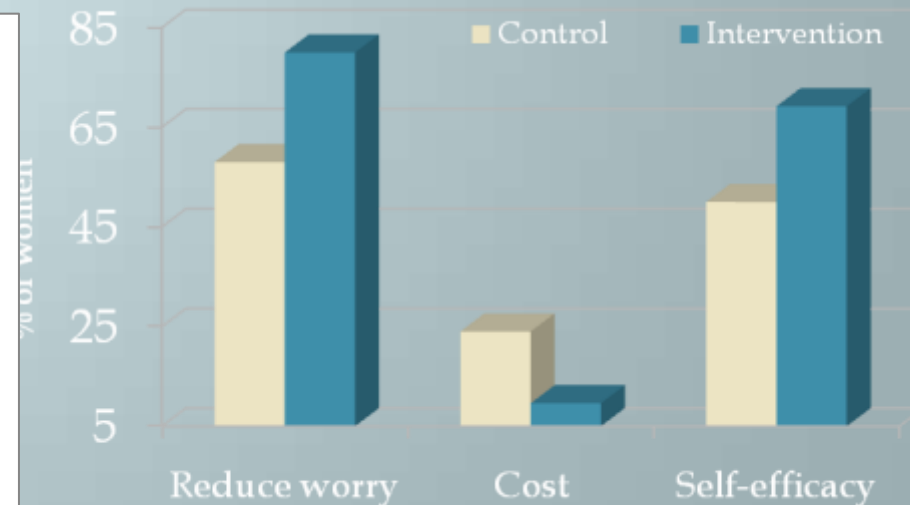


Post-Intervention Screening Behavior



*P < 0.001.

Differences in Psychosocial Beliefs Post-Intervention



P < 0.05.

CNP Outcomes

Reinforcing Factors

- Increase understanding among policy makers of issues impacting cancer control among disparate population

Policy Change

(Enabling Factors)

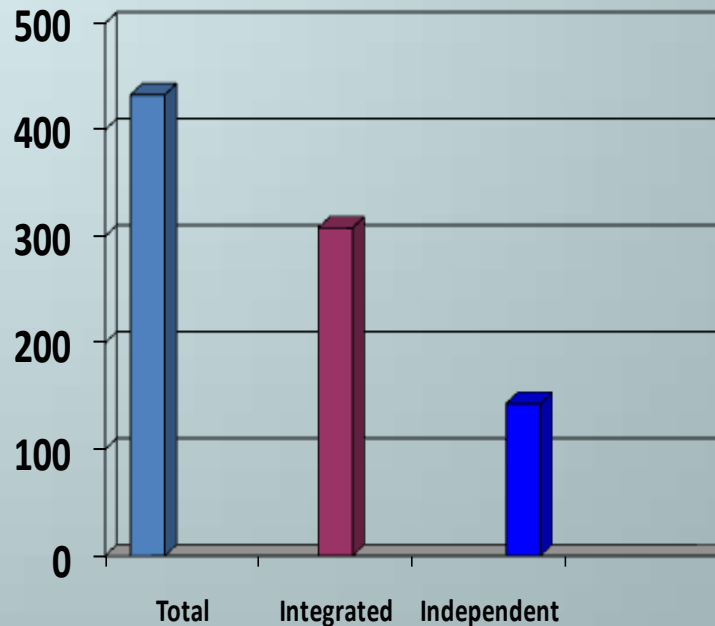
- Implement effective policies to: increase access to such things as insurance, state cancer programs, Medicaid/Medicare coverage, adequate clinical care, etc.



Promoting Colorectal Cancer Screening in Primary Care Practices through integrated clinics

#Patients
(451 Referred)

$p < 0.0001$
 $OR = 11.1$
 $CI = 5.8 - 21.2$

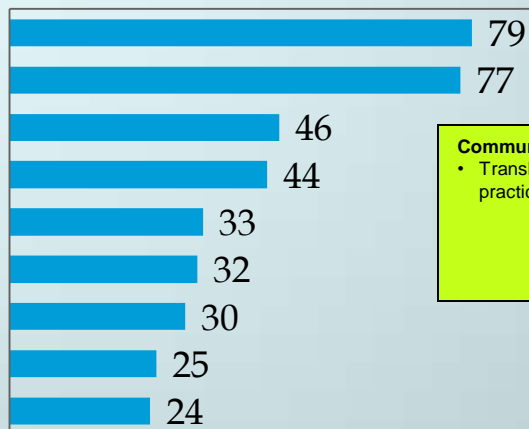


Knowledge Transfer/Dissemination

CNPs have published > 500 peer reviewed papers and given >200 presentations.

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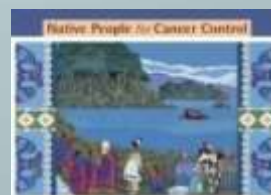
Smoking Cessation
Sociocultural Barriers
Breast Cancer
Colorectal Cancer
Methodology
Cervical Cancer
Communication
CBPR
Hepatitis B



Community Change
• Translation of research to practice



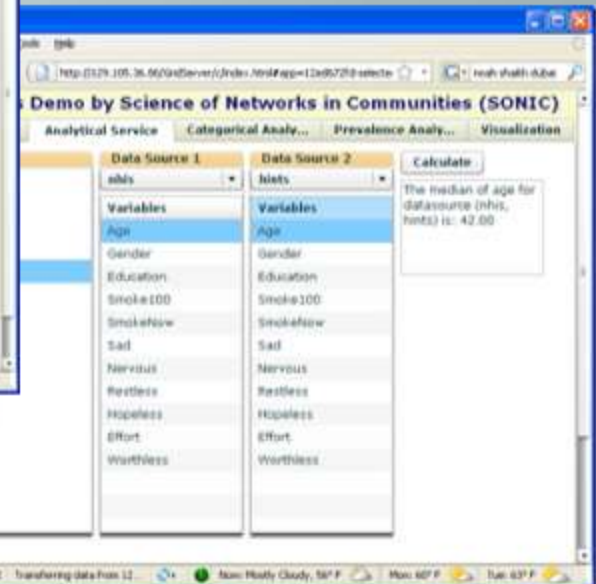
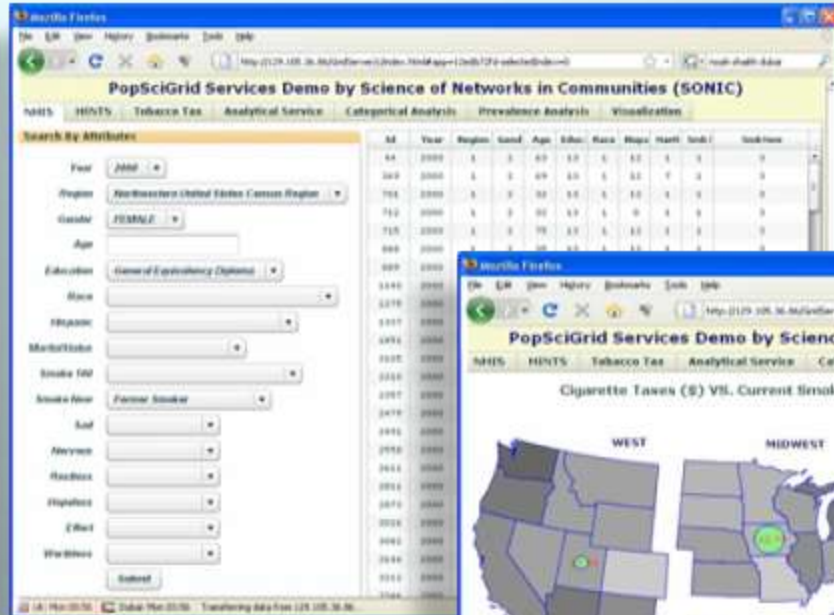
CNPs have produced >300 newsletters, articles, and websites.



Community-Based Participatory Research	Community Networks Model Logic Mode	Variables	caBIG Modules
Establish and maintain partnerships with community-based organizations	Program Building Blocks	Type of community organization	POPSCI SIG
Establish and maintain partnerships with clinical centers	Program Building Blocks	Type of clinical partners	POPSCI SIG
Training	Focus of Activities	Type of training Publications Other funding	
Establish advisory committees	Focus of Activities	Type of members	POPSCI SIG
			GEM
Need assessments	Identify predisposing, reinforcing, and reinforcing factors	Qualitative Quantitative Type of Community Resources (cancer educational materials)	POPSCI SIG GEM
Develop interventions	Individual, Community	Type of intervention (primary prevention, cancer screening) Cancer address by intervention	POPSCI SIG GEM
Implement interventions	Individual Community	Type of intervention (primary prevention, cancer screening) Cancer address by intervention	POPSCI SIG GEM
Dissemination	Enabling and Reinforcing Factors	Publications	
Re-assessment	Evaluation findings to enhance program efforts		

PopSciGrid 1.0

- 14 datasets spanning 6 years
- Real-time access/analysis of public health and economic data



- Prospective geospatial analytics
- Linkages to GEM database
- <http://129.105.36.86/GridServer/c/index.html#>

PopSciGrid 2.0 – Priming the Pump

GEM (Grid Enabled Measures) Database

A grid-enabled, interoperable, dynamic website for behavioral and social science theoretical constructs and measures



The screenshot displays the GEM (Grid-Enabled Measures) Database website. The top navigation bar includes links for Constructs, Measures, Datasets, News, and About GEM. Below this, a secondary navigation bar offers options like General Information, Author Information, History, References & Publications, Other Details, and Upload File. The main content area is divided into two sections. The left section, titled 'Use the fields below to provide general information', contains form fields for Measure Name (Center for Epidemiologic Studies), Measure Type (Multi-item Scale), Construct (none), and Research Areas (Tobacco, Nutrition, and Other). The right section, titled 'Constructs', features a table of constructs and a search bar. The table lists constructs such as Nicotine Dependence, Self-efficacy, and Smoking Behavior, along with their definitions, theoretical foundations, and synonyms. A search bar with a dropdown menu and a search button is located at the top right of the table section.

Construct	Definition	Theoretical Foundation	Construct Synonyms
Nicotine Dependence	pending		Synonym 1
Self-efficacy	Self-efficacy pertains to a sense of control over one's environment and behavior. Self-efficacy beliefs are cognitions that determine whether health ...	Theoretical Foundation 1	Synonym 2
Self-efficacy	Intention is the most proximal predictor of behavior. Cognitions that affect a specific intention are attitudes, subjective norms, and perceived behavioral control ...	Theoretical Foundation 2	Synonym 3
Smoking Behavior	pending		Synonym 4

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CNP Evolution to CNP Centers For Cancer Health Disparities Research

CNP

**CNP
Centers**



Conduct Needs
Assessment

Develop CBPR
Educational
Strategies



Test CBPR
Educational
Interventions

Testing
Evidence
Based
Interventions

CNP Centers: Overall Purpose

Increase knowledge, access, and utilization of **beneficial and behavioral procedures** in racial/ethnic and other underserved populations.

Reduce cancer health disparities **in areas related to** cancer prevention, early detection, **diagnosis, treatment and survivorship.**

CNP Centers: Key Elements



Emphasis in **intervention research** involving **controlled groups** to strengthen CBPR research

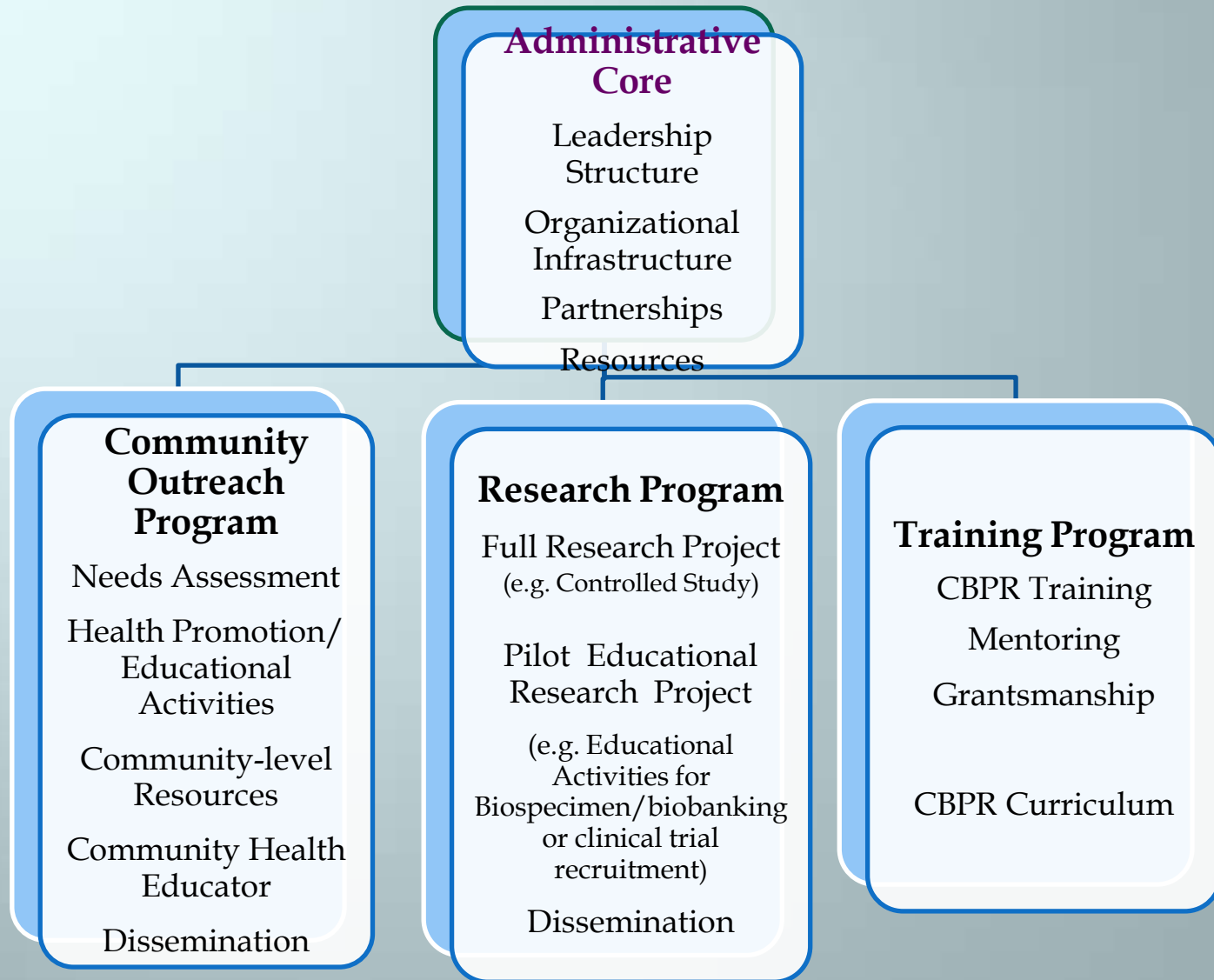


Pilot study to be conducted by a new/junior investigator to **strengthen the training** experience

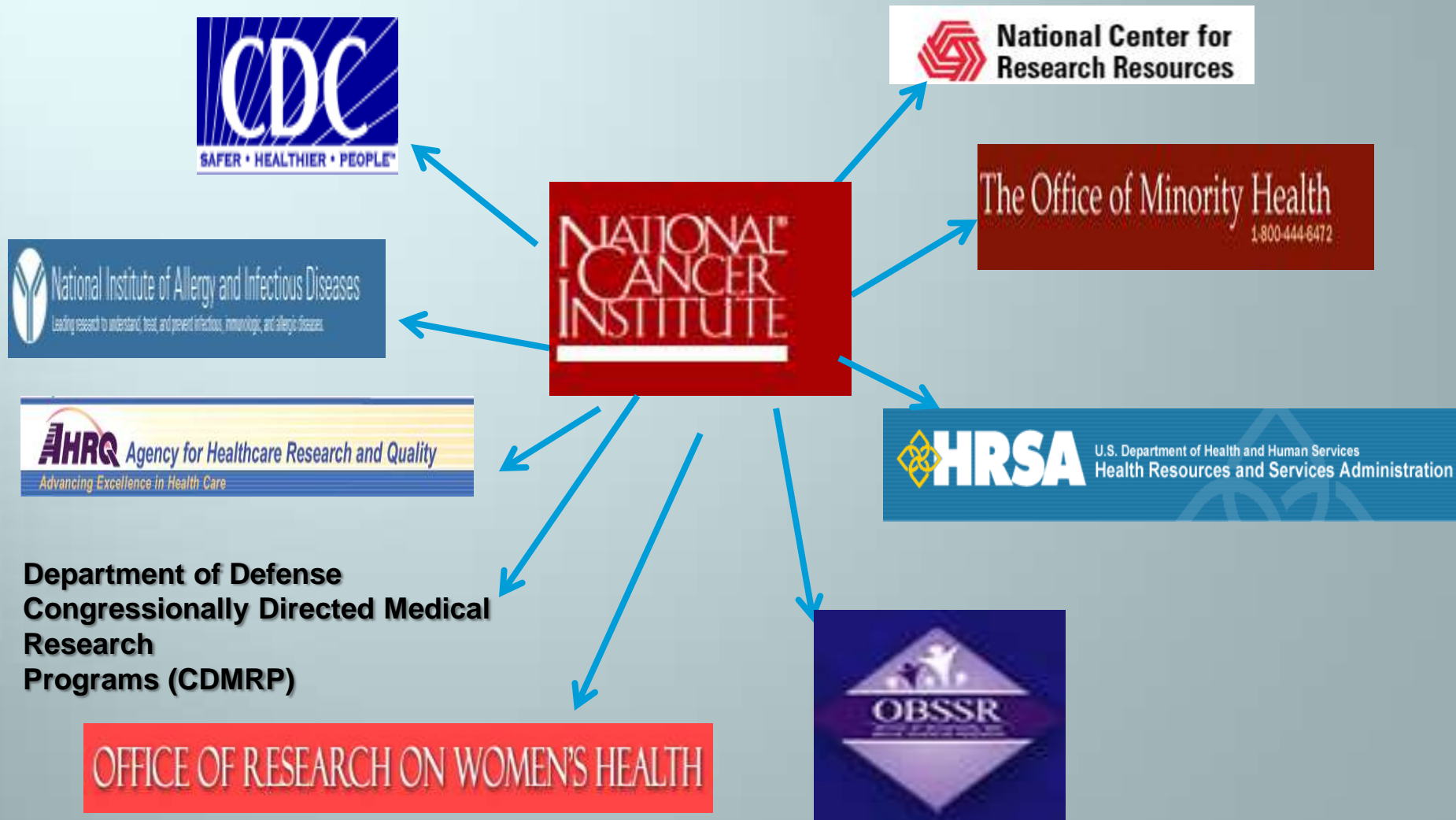


Community Health Educator to **better link communities with research** efforts

CNP Centers: Infrastructure



CNP Centers: Federal Partners



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Contact Information

Center to Reduce Cancer Health Disparities
National Cancer Institute
6116 Executive Blvd., Suite 602
Rockville, MD 20852
phone: (301) 496-8589
fax: (301) 435-9225
<http://crchd.cancer.gov>

Key Questions: Building a CBPR Module

- ▣ Is caBIG collecting variables similar to the ones collected by the CNP?
- ▣ Given the data elements of the current CNP, would caBIG be interested in incorporating any of the data elements into one the existing GRIDS?

Key Questions: Building a CBPR Module

- ▣ After identifying data elements for the CNP Centers, are there any applications that you feel might be of interest to CRCHD?
- ▣ How can CRCHD promote data submission by its investigators and sharing of caBIG resources?